Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBI	ER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			52 minus 20= *		• 32		X\$ 9=		OR	X\$18=	574	
INDEPENDENT CLAIMS			(minus 3 = *				X40=		OR	X80=	<u>V</u>	
MULTIPLE DEPENDENT CLAIM PRESENT					-		+135=		OR	+270=		
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	TOTAL	<u> </u>	OR	L	1.316	
CLAIMS AS AMENDED - PART II							044411	-		OTHER		
	-	(Column 1) CLAIMS		(Colu		(Column 3)	SMALL		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		=	X\$ 9=	Till 3	OR	X\$18=		
	Independent	NTATION OF M	Minus	F DEPENDENT CLAI		=	X40=		OR	X80=		
	FIRST PRESE	NTATION OF WE	JETIPLE DEF	ENDEN	CLAIM		+135=		OR	+270=	~	
							TOTAL		OR	TOTAL		
		ADDIT. FEE			ADDIT. FEE							
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)		ADDI-	1		ADDI-	
AMENDMENT B	_	REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL FEE	
	Total	*	Minus	** .		=	X\$ 9=	-	OR	X\$18=	1	
	Independent	*	Minus	***		=	X40=		OR	X80=	-	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								On			
							+135=		OR	+270=		
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)			-			
		CLAIMS		HIGH	HEST			ADDI-			ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total -	•	Minus	**			X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40=	F T	00	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR			
	If the entry in colu	mn 1 is loss than t	he entry in colu	mn 2 writ	e "N" in ~~	lumn 3	+135=		OR	+270=		
•••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
	The "Highest Nun	nber Previously Pa	iid For" (Total o	r Independ	dent) is the	e highest number	r tound in the app	propriate box	k in co	ilumn 1.		